

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15124

State File No.

FILED MAY 4 1953

BIRTH NO. REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 6873 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY OREGON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY OREGON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Altan-Rural-Johnson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Altan-Rural-Johnson	
c. LENGTH OF STAY (in this place) -		d. STREET ADDRESS (If rural, give location) 0750	
d. FULL NAME OF HOSPITAL OR INSTITUTION -			

3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Forrester		c. (Last) Forrester		4. DATE OF DEATH (Month) (Day) (Year) 4 22 1953	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5/4/1873	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME JAMES FORRESTER		13b. MOTHER'S MAIDEN NAME MELVINA GRAHAM		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Clarence Forrester	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 4 days		ADDRESS Altan, Mo	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 492x		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April 17, 1953**, to **April 22, 1953**, that I last saw the deceased alive on **April 22, 1953**, and that death occurred at **5 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE M. Hilton		(Degree or title)		23b. ADDRESS Altan Mo.		23c. DATE SIGNED 4/22/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/22/53		24c. NAME OF CEMETERY OR CREMATORY Cave Springs Cemetery		24d. LOCATION (City, town, or county) (State) Altan Mo.	
DATE REC'D BY LOCAL REG. May 2-53		REGISTRAR'S SIGNATURE mo W Johnson		25. FUNERAL DIRECTOR'S SIGNATURE John A. Clary		ADDRESS Altan, Mo	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John D. Clary

Licensed Embalmer No. *44-76*

P. O. Address *Box 398 Altam, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.